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Request
for
Continued Examination (RCE)
Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|----------------|
| Application Number | 10/829,412 |
| Filing Date | 04/21/2004 |
| First Named Inventor | Timm J. Fenton |
| Art Unit | 3781 |
| Examiner Name | Sue A. Weaver |
| Attorney Docket Number | 072841.0230 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. Other

b Enclosed

2. Miscellaneous

Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

3 The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 02-4377. I have enclosed a duplicate copy of this sheet.

i. RCE fee required under 37 CFR 1.17(e)

ii. Extension of time fee (37 CFR 1.136 and 1.17)

iii. Other _____

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-------------------|----------------|------------------|------------|
| Signature | /David Schalk/ | Date | 06/15/2009 |
| Name (Print/Type) | David Schalk | Registration No. | 60,527 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Since on the date shown below:

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 2,430

| <i>Complete if Known</i> | |
|--------------------------|----------------|
| Application Number | 10/829,412 |
| Filing Date | 04/21/2004 |
| First Named Inventor | Timm J. Fenton |
| Examiner Name | Sue A. Weaver |
| Art Unit | 3781 |
| Attorney Docket No. | 072841.0230 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
02-4377
Deposit Account Name
Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------|----------------------|-------------------------------|--------------------------|
| Total Claims | <input type="text"/> | \times <input type="text"/> | $=$ <input type="text"/> |

| | | | |
|--------------------|----------------------|-------------------------------|--------------------------|
| Independent Claims | <input type="text"/> | \times <input type="text"/> | $=$ <input type="text"/> |
|--------------------|----------------------|-------------------------------|--------------------------|

| | | |
|--------------------|----------------------|--------------------------|
| Multiple Dependent | <input type="text"/> | $=$ <input type="text"/> |
|--------------------|----------------------|--------------------------|

| | |
|----------|----------------------|
| SUBTOTAL | <input type="text"/> |
|----------|----------------------|

| Fee Description | Large Entity | Small Entity |
|-----------------|--------------|--------------|
|-----------------|--------------|--------------|

| | | |
|------------------------|----------------------|----------------------|
| Claims in excess of 20 | <input type="text"/> | <input type="text"/> |
|------------------------|----------------------|----------------------|

| | | |
|-----------------------------------|----------------------|----------------------|
| Independent claims in excess of 3 | <input type="text"/> | <input type="text"/> |
|-----------------------------------|----------------------|----------------------|

| | | |
|---------------------------------------|----------------------|----------------------|
| Multiple dependent claim, if not paid | <input type="text"/> | <input type="text"/> |
|---------------------------------------|----------------------|----------------------|

FEE CALCULATION (continued)

ADDITIONAL FEES

| | | |
|-------------------------------------|---|----------------------|
| <input type="checkbox"/> | Surcharge - late oath or filing fee | <input type="text"/> |
| <input type="checkbox"/> | Non-English Specification | <input type="text"/> |
| <input type="checkbox"/> | Extension for reply within first month | <input type="text"/> |
| <input type="checkbox"/> | Extension for reply within second month | <input type="text"/> |
| <input type="checkbox"/> | Extension for reply within third month | <input type="text"/> |
| <input type="checkbox"/> | Extension for reply within fourth month | <input type="text"/> |
| <input type="checkbox"/> | Extension for reply within fifth month | <input type="text"/> |
| <input type="checkbox"/> | Notice of Appeal | <input type="text"/> |
| <input type="checkbox"/> | Filing a brief in support of an appeal | <input type="text"/> |
| <input type="checkbox"/> | Petition to revive - unavoidable | <input type="text"/> |
| <input checked="" type="checkbox"/> | Petition to revive - unintentional | \$1,620 |
| <input type="checkbox"/> | Utility Issue Fee | <input type="text"/> |
| <input type="checkbox"/> | Design Issue Fee | <input type="text"/> |
| <input type="checkbox"/> | Publication Fee | <input type="text"/> |
| <input type="checkbox"/> | Petitions to the Commissioner | <input type="text"/> |
| <input checked="" type="checkbox"/> | Request for Continued Examination (RCE) | \$810 |
| <input type="checkbox"/> | Information Disclosure Statement (IDS) | <input type="text"/> |
| Other fee - | | <input type="text"/> |
| SUBTOTAL | | (\$) |
| 2,430 | | |

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|----------------|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | David Schalk | Registration No. (Attorney/Agent) | 60,527 | Telephone | 212-408-2500 |
| Signature | /David Schalk/ | | | Date | 06/15/2009 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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